

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90012 041 ***150.00

DOCUMENT # P98000047728

1. Entity Name
TIME SAVER OF TAMPA, INC.

Principal Place of Business

1910 W KENNEDY BLVD.
TAMPA FL 33606

Mailing Address

4148 W KENNEDY BLVD
TAMPA FL 33609

2. Principal Place of Business

4721 49th St. North

Suite, Apt. #, etc.

3. Mailing Address

4721 49th St. North

Suite, Apt. #, etc.

City & State

Saint Petersburg FL

Zip

Country

33709

City & State

Saint Petersburg FL

Zip

Country

33709

4. FEI Number

59-3511643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABA, WALID

1910 W KENNEDY BLVD.

TAMPA FL 33606

4721 49th St. N.
Saint Petersburg FL 33709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SABA, WALID**
STREET ADDRESS **1910 W KENNEDY BLVD.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4721 49th St. N.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-01
 Date

727-946-8041
 Daytime Phone #

CR2E034 (5/01)

Attachment
of P9800004728
AUD62600

August 10, 2001

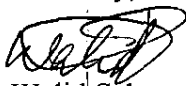
Florida Department of Revenue
Division of corporations
2001 Uniform Business Report

Dear Sir / Mrs.,

The principal place of business and the mailing address shown on the UBR form are different from the actual address. I have made the address change correction on the form. Myseriously I received the second notice but not the first one. Due to improper mailing or misinformation, please accept the enclosed check for \$150.00 representing the annual fee for the 2001 Uniform Business Report.

Thank you for your understanding and cooperation. If additional information is needed, please do not hesitate to write or call.

Sincerely,



Walid Saba
President